

Market Cross Surgery

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of the practice on 2 December 2015. A breach of legal requirements was found. After the comprehensive inspection the practice wrote to us to say what they would do to meet the legal requirements in relation to the breach of Regulation 12.

We undertook a focussed inspection on 21 July 2016 to check that they had followed their action plan and to confirm they now met their legal requirements. This report only covers our findings in relation to those requirements. You can read the last comprehensive inspection report from the December 2015 by selecting the 'all reports' link for Market Cross Surgery on our website at www.cqc.co.uk

- We found that a new significant event system had been put in place by a new GP partner. With a new policy and reporting form in place. Some further improvement was required to ensure that the investigations were detailed and actions were identified and implemented.
- Risks to patients were now assessed and well managed.

- The practice had embedded a process to ensure emergency equipment and medicines are checked as per the practice protocol.
- Medicine refrigerators were checked and reset on a daily basis.
- Audits were driving improvement in performance to improve patient outcomes. The practice had completed further audits in minor surgery and intrauterine contraceptive devices since the last inspection.
- Staff had received an annual appraisal
- The practice had commenced a more formalised process for the recording of minutes of meetings but the clinical meeting minutes still required more detail.

The areas where the provider should make improvements are:

- Continue to embed the new system for significant events.
- Ensure that guidance received within the practice is checked and interpreted correctly to ensure patient safety. For example, in relation to repeat prescriptions.

Summary of findings

- Ensure all staff files have the appropriate recruitment documents as per the practice policy.
- Complete the appraisal process ensuring the notes of the discussions that had taken place are typed and added to the staff file.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was a much improved system in place for reporting and recording significant events. We found a new system had been put in place by a new GP partner. A new policy and reporting form was in place. However, the system still required further improvement to ensure that the investigations were detailed and actions were identified and implemented. Lessons were shared to make sure action was taken to improve safety in the practice but this needed to be evidenced more clearly.
- Staff understood their responsibilities to raise concerns, and to report incidents and near misses.
- Risks to patients were now assessed and well managed.
- At this inspection we found that repeat prescriptions were not routinely signed prior to collection of medicines by patients. During the inspection the practice recognised their processes fell outside current guidance and immediately changed these to ensure repeat prescriptions were reviewed and signed by a GP before they were dispensed to the patient.
- The practice had adequate arrangements in place to respond to emergencies and major incidents.
- The practice had embedded a process to ensure emergency equipment and medicines were checked as per the practice protocol.

Are services well-led?

The practice is rated as good for being well-led.

Good



- Since our inspection in December 2015 we found that the practice had made significant improvements.
- The practice had improved the governance framework in place to support the delivery of the strategy and good quality care. For example, systems for assessing and monitoring risks and the quality of the service provision.
- Clinical audits demonstrated quality improvement.
- There was evidence of appraisals for all staff.
- The practice had documented formal training for staff who carried out chaperone duties.

Summary of findings

- The practice had evidence of meeting minutes clinical, partner and gold standard framework. We found that the clinical meeting minutes still required more detail, responsible person identified and actions to be taken.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

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Following this most recent inspection we found that overall the practice was now rated as good and significant improvements had been made specifically, the ratings for providing a safe and well led service. These rating applied to everyone using the practice, including this population group

The practice is now rated as good for the care of older people.

Good



People with long term conditions

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The practice is now rated as good for the care of people with long-term conditions.

Good



Summary of findings

Families, children and young people

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The practice is now rated as good for the care of families, children and young people.

Good



Working age people (including those recently retired and students)

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The practice is now rated as good for the care of working-age people (including those recently retired and students).

Good



Summary of findings

People whose circumstances may make them vulnerable

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The practice is now rated as good for the care of people whose circumstances may make them vulnerable.

Good



People experiencing poor mental health (including people with dementia)

We carried out an announced comprehensive inspection of the practice on 2 December 2015. A breach of legal requirements was found. After the comprehensive inspection the practice wrote to us to say what they would do to meet the legal requirements in relation to the breach of Regulation 12.

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Following this most recent inspection we found that overall the practice was now rated as good and significant improvements had been made specifically, the ratings for providing a safe and well led service. These rating applied to everyone using the practice, including this population group

The practice is now rated as good for the care of people experiencing poor mental health (including people with dementia).

Good



Summary of findings

Areas for improvement

Action the service **SHOULD** take to improve

- Continue to embed the new system for significant events.
- Ensure that guidance received within the practice is checked and interpreted correctly to ensure patient safety. For example, in relation to repeat prescriptions.
- Ensure all staff files have the appropriate recruitment documents as per the practice policy.
- Complete the appraisal process ensuring the notes of the discussions that had taken place are typed and added to the staff file.

Market Cross Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

This inspection was led by a CQC Lead Inspector and included a GP specialist adviser.

Why we carried out this inspection

We undertook an announced focussed inspection of Market Cross Surgery on 21 July 2016. This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 2 December 2015 had been made. We inspected against two of the five questions we asked about the service:

- Is the service Safe and Well-led?

This is because the service was not meeting some legal requirements.

How we carried out this inspection

We spoke with the lead GP partner, a GP partner, the lead nurse and the practice manager.

We reviewed healthcare records, policies and procedures relating to the clinical and general governance of the service.

Are services safe?

Our findings

- At the inspection in December 2015 we found that the practice did not have a robust system in place for reporting, recording and monitoring of significant events.

We saw that the practice had carried out an analysis of some the significant events we looked at. However they were not in a timely manner to make sure action was taken to improve safety in the practice. We found they had not always been reviewed or investigated in enough depth to ensure that relevant learning and improvement could take place. We found that the practice had not undertaken an exercise to identify any themes or trends. Significant events were not a standing item on the practice meeting agenda. We saw examples of incidents that had occurred which had not been reported as a significant event and therefore we could not be assured that the practice could evidence a safe track record over the long term.

At our most recent inspection we found there was now a new system in place for reporting and recording significant events. We saw there was a new significant event policy which included detailed guidance to staff on what to report, how to report and which forms to use. A new form was also in place. Staff we spoke with were aware of the system to use. The practice had had 15 significant events since the last inspection and we looked at 10 of them. We found that the system still required some improvement to ensure that the investigations were detailed and actions were identified and implemented. We were able to review minutes of meetings where these were discussed. Lessons were shared to make sure actions were taken to improve safety to patients but these needed to be evidenced more clearly. Themes and trends had been identified but had not been discussed at the time of the inspection.

- Safety alerts were received and disseminated by the practice manager. We saw that actions from any safety alerts were undertaken and this included a search of patient records to ascertain if any patients needed a review of their medicines. The lead GP received patient safety alerts from MHRA and disseminated them to the relevant staff.

- At the inspection in December 2015 we did not see a policy for safety alerts or any evidence that they were discussed at any meetings held within the practice.

At this recent inspection we saw the practice had a policy in place and we were told safety alerts were discussed at meetings. However we could not see any evidence in meeting minutes we reviewed. Staff we spoke with were able to give us examples of recent alerts. For example, the removal of electrical socket safety covers.

- At the inspection in December 2015 we found that not all staff had received the relevant safeguarding training. Following the inspection the practice manager informed us safeguarding training was being reviewed to ensure that all relevant staff were trained to level three.

At this most recent inspection we saw evidence that safeguarding training had been reviewed and all staff were up to date.

- At the inspection in December 2015 we looked at records of refrigerator temperatures for the fridges in treatment rooms and saw that these had been checked twice daily. However the fridges were not being reset on a daily basis.

At this most recent inspection we saw that a robust system had been put in place and all refrigerator temperatures were checked and reset on a daily basis.

- At the inspection in December 2015 we found the practice had established a service for patients to pick up their dispensed prescriptions at a local post office and a general store. However, the practice had not considered the risks related to this to ensure they were kept securely and that patients collecting medicines from these locations were given them safely and with all the relevant information they required.

At this most recent inspection we saw that a risk assessment had been carried out and risks related to this had been considered to ensure that the medicines were kept securely and that patients collecting medicines from these locations were given them safely and with all the relevant information they required.

- At this inspection we found that repeat prescriptions were not routinely signed prior to collection of medicines by patients. During the inspection the

Are services safe?

practice recognised their processes fell outside current guidance and immediately changed these to ensure repeat prescriptions were reviewed and signed by a GP before they were dispensed to the patient.

- At the inspection in December 2015 we reviewed eleven personnel files and found that there were gaps in the recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. We spoke with the management team who have already updated their recruitment process to ensure that all checks are completed prior to employment.

At this most recent inspection we reviewed four personnel files and found that some improvements had been made. However two staff had been employed in the months since the last inspection. One staff file had all the required information but the other still needed proof of identification, references and evidence of induction. None of the files had an index to enable documents to be easily found.

- At the inspection in December 2015 we found that risks to patients were not assessed and well managed. The practice had not identified, recorded and managed risks. It had not carried out all the necessary risk assessments in order to identify risks and mitigate them. At this most recent inspection we found that there were procedures in place for monitoring and managing risks to patient and staff safety.
- At the inspection in December 2015 the practice had a health and safety risk assessment carried out by an external company in June 2015. A number of recommendations were identified. These included fire evacuation drills and fire alarm maintenance and to carry out risk assessments for general work tasks, for example, lone working and display screen equipment. We spoke with the management team but were unable to ascertain if any of the recommendations had been completed.

At this most recent inspection we saw evidence that the practice had taken appropriate action to complete all the recommendations.

- At the inspection in December 2015 we saw that the practice had a fire risk assessment dated 5 March 2012

which identified a number of recommendations to be completed. We spoke with the management team but were unable to ascertain if the actions had been completed. However we found that the system for documenting fire drills, fire alarm tests and emergency lighting checks was not clear and they had not always been recorded as having been carried out. We did not see any evidence of fire evacuation drills.

At this most recent inspection we found that the practice had taken appropriate steps to ensure that patients and staff would be safe in the event of a fire. They had completed a new fire risk assessment, had regular weekly fire alarm tests, emergency lighting and fire detection equipment was regularly checked by an external contractor and a fire drill took place in February 2016.

- At the inspection in December 2015 we saw evidence that a legionella risk assessment had been carried out in April 2015 (legionella is a bacterium which can contaminate water systems in buildings). A number of recommendations had been made following the risk assessment but none had been implemented at the time of our inspection. One of these was the requirement for the implementation of monthly water temperature checks. At this most recent inspection we found that the practice had taken appropriate steps to ensure that patients and staff would be safe from legionella. They had completed the remedial work identified from the April 2015 legionella risk assessment and we saw records of regular monthly water temperature checks.
- At the inspection in December 2015 we saw that the practice had a first aid kit and accident book available. We found that the first aid kit had some contents which ran out of date in 2009.

At this most recent inspection we found that the practice had purchased a new first aid kit. We saw that measures had been put in place to check the contents on a monthly basis.

- At the inspection in December 2015 we found that there was not a robust system in place for checking emergency equipment and medicines. There were omissions in the records for the checking of emergency equipment and medicines. The checking of emergency drugs and equipment protocol stated the checks would

Are services safe?

take place on a weekly basis by a designated nurse. The protocol for emergency drugs and equipment was due for review in November 2007. We spoke with the management team who immediately put a system in place to ensure that staff were following the practice protocol.

At this most recent inspection we saw that the practice had put in a place a robust system for the checking of emergency equipment and medicines. We looked at the records and saw they had been checked on a monthly basis as detailed in the protocol for emergency drugs and equipment which had been revised in 2016.

- At the inspection in December 2015 we saw that the practice had a business continuity plan in place for

major incidents such as power failure or building damage. Risks identified included power failure, adverse weather, unplanned sickness and access to the building. However each risk was not rated and mitigating actions recorded to reduce and manage the risk. The document contained relevant contact details for staff to refer to. For example, contact details for staff or a heating company if the heating system failed. We spoke with the management team who told us they would update the plan by 31 January 2016.

At this inspection we saw evidence that the practice had completed a business continuity risk assessment where the risks were rated and mitigated actions record to reduce and manage the risk.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

We carried out an announced comprehensive inspection of the practice on 2 December 2015. A breach of legal requirements was found. After the comprehensive inspection the practice wrote to us to say what they would do to meet the legal requirements in relation to the breach of Regulation 12.

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At our inspection in December 2015 we found that the practice did not have robust governance systems in place for:-

- Reporting, recording and monitoring of significant events
- Checking emergency drugs and equipment
- Identifying, recording and managing risks
- Recording and resetting of refrigerator temperatures
- Complaints had not been reviewed to enable themes and trends to be identified
- Lack of appraisals for staff
- No system for the monitoring of training for all staff
- Meeting minutes had limited recording of discussions about performance, quality and risks
- Backlog for the summarisation of paper records for patients who had registered with the practice

At this most recent inspection we saw that the practice had governance systems in place and had made significant improvements. We found:

- We found that a new significant event system had been put in place by a new GP partner. A new policy and

reporting form was in place. However, the system still required some improvement to ensure that the investigations were detailed and actions were identified and implemented.

- Risks to patients were now assessed and well managed.
- The practice had embedded a process to ensure emergency equipment and medicines are checked as per the practice protocol.
- Refrigerator temperatures were recorded and they were reset on a daily basis.
- Appraisals had taken place but notes of the discussions that had taken place still needed to be typed and added to the staff file. We were told that this would be completed within four weeks.
- A system had been put in place for the monitoring of training and we found that it was easy to identify when training and updates were due.
- We found that the practice had only two complaints in which they did not have a theme or trend. Both complaints had been responded to appropriately and in a timely manner. However the documentation did not include how the complaints had been concluded.
- We saw minutes which demonstrated that regular practice meetings had taken place. However the clinical meeting minutes needed a clearer format with more detail of discussion and responsibility for actions being documented
- A programme of continuous clinical and internal audit was in place to monitor quality and to make improvements. The practice had completed audits in regard to minor surgery and intrauterine contraceptive devices since the last inspection which further demonstrated quality outcomes for patients.
- The practice had completed an audit on the summarisation of paper patient records. It had identified that 97% of records had been summarised.
- At this inspection we found the practice was registered incorrectly with the Care Quality Commission as the practice had two new GP partners who were not on the registration certificate. We saw evidence that that practice was in the process of taking the necessary action to ensure they were registered correctly.